## **Supplemental Election Period Communication Report**

Form CCF-09

City of Columbus Code Section 107.03(B)

Issuer of Election Period Communication								
Legal Name of Issuer		Telephone		Email				
Agent of Issuer (If Issuer is Not an Individual)		Telephone		Email				
For the purposes of Supplemental filing the following definitions apply:  • Contributor means a person or entity that has provided monetary or in-kind contributions or extended credit directly to the Issuer.								
Donor means a person or entity that has provided monetary or in-kind contributions or extended credit to a Contributor for use by the Issuer.								
Election Period Communication Information								
Candidate or Ballot Issue that is Subject or Issue of Communication								
Contributor Information								
Full Name of Contributor								
Donor Information								
Full Name of Donor								
Street Address					Form (Cash, Check, Credit, etc.)			
City	State	Zip Code	Date (MM/DD/YYYY	′)	Amount			
Service Provided/Cost Paid/Credit Extended/Donation Made (As Applicable)								
Full Name of Donor								
Street Address	Form (Cash, Check, Credit, etc.)							
City	State	Zip Code	Date (MM/DD/YYYY	′)	Amount			
Service Provided/Cost Paid/Credit Extended/Donation Made (As Applicable)								
Full Name of Donor								
Street Address					Form (Cash, Check, Credit, etc.)			
City	State	Zip Code	Date (MM/DD/YYYY	′)	Amount			

Service Provided/Cost Paid/Credit Extended/Donation	Made (As App	licable)		
Full Name of Donor				
Street Address				Form (Cash, Check, Credit, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Service Provided/Cost Paid/Credit Extended/Donation	Made (As App	licable)		<u>,                                      </u>
Full Name of Donor				
Street Address				Form (Cash, Check, Credit, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Service Provided/Cost Paid/Credit Extended/Donation	Made (As App	olicable)		-
Full Name of Donor				
Street Address				Form (Cash, Check, Credit, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Service Provided/Cost Paid/Credit Extended/Donation	Made (As App	licable)		
Full Name of Donor				
Street Address				Form (Cash, Check, Credit, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Service Provided/Cost Paid/Credit Extended/Donation	Made (As App	licable)		
Full Name of Donor				
Street Address				Form (Cash, Check, Credit, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Service Provided/Cost Paid/Credit Extended/Donation	Made (As App	licable)		
THE INFORMATION CONTAINED IN THIS WHOEVER COMMITS ELECTION FALSIFIC	CATION IS	GUILTY OF A	MISDEMEANOR OF TH	E FIRST DEGREE.
Signature of Issuer or Issuer's Agent (or Authoriz	zea Kepresent	cative)		Date (MM/DD/YYYY)

Print Name (and Title, if Applicable)